

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

Hand Dug Well

<b>1 LOCATION OF WATER WELL:</b> County: Johnson	Fraction NE ¼ NW ¼ SE ¼	Section Number 3	Township Number T 12 S	Range Number 24 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>		Global Positioning Systems (GPS) information: Latitude: 39.035411 (in decimal degrees) Longitude: -94.728857 (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
5122 Monrovia St., Shawnee				

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: Rebecca Swaters 5122 Monrovia Street City, State ZIP Code: Shawnee, KS 66216	
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> 11 ft. WELL'S STATIC WATER LEVEL Dry ft WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____
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<b>5 TYPE OF BLANK CASING USED:</b>	
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (Specific below) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Rock	
Blank casing diameter 48 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 4' Casing height above or below land surface NA in.	

<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
Grout Plug Intervals: From _____ ft to _____ ft, From _____ ft to _____ ft, From _____ ft to _____ ft,	
What is the nearest source of possible contamination:	
<input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feed yard <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well	Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Soil			
4	11	Flowable fill cement			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> completed on (mo/day/year) 1/4-5/23 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 1/13/2023 under the business name of Larsen & Associates, Inc. By (signature) _____	This water well was plugged under my jurisdiction and was
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Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 S. Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.